

**Attachment C**

**OMB No. 1205-0424**

**Expires 11-30-01**

**REEMPLOYMENT SERVICES PERFORMANCE REPORT**

**STATE:**\_\_\_\_\_

**DATE:**\_\_\_\_\_

**STATE SPECIFIC PERFORMANCE REPORT** (Add additional sheets if necessary.)

Describe activities and an overview of how the activities were accomplished. Include milestones, and positive outcomes achieved. Compare accomplishment of planned performance goals with the attainment of the performance indicators identified by the State in the annual plan.